

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/593265	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3	2		1			
4	2		1			
5	2		1			
6			1			
7			1			
8			1			
9			1			
10	1		1			
11	1		1			
12	2		1			
13	2		1			
14	2		1			
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45	2		1			
46	2		1			
47	2		1			
48	2		1			
49	2		1			
50	2		1			
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	30	←	26	←	←	
TOTAL CLAIMS	32	[REDACTED]	28	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS			[REDACTED]		[REDACTED]	